

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM TOS-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER TRANSFERRING		AFTER RE-AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	3					
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IND.	20					

	CLAIMS					
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